

-\$20.00/mo

Q8

10-07-10

STATE OF NEW JERSEY	
APPLICATION FOR PERMIT TO CARRY A HANDGUN	
<p><small>This form is prescribed by the Superintendent for use by applicants for a Permit to Carry a Handgun. Any alteration to this form is expressly forbidden.</small></p> <p>Application must be delivered, in triplicate, to the Chief of Police of the municipality wherein you reside, or to the Superintendent or State Police in all other cases. A money order in the amount of \$20.00 payable to State of New Jersey must accompany this application.</p> <p>Answer all questions. If more space is needed, attach bond paper. Page two must be completed. Four photographs of the applicant, one and one-half inch square, head and shoulders, no hat, light background, taken within the last 30 days must accompany this application.</p>	
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL
Municipal Code	
<p>Each person applying for a Permit to Carry a Handgun must supply a letter of need, specific in content, as to why they have a need to carry a firearm in the State of New Jersey; if this application is employment-related, then your employer must supply this letter.</p> <p>List the reason for this application:</p>	
(1) Last Name (if female, include maiden) First Middle	
Miller Jeffrey Malvin	
(3) Date of Birth	(4) Age
	59
(5) U.S. Citizen	(6) Social Security Number
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(7) Sex Height Weight Eyes Race Hair Complexion	(8) Distinguishing Physical Characteristics
M 5'7 1/2 164 Blue White Grey Good	SCARS Both Wrists
(9) Name of Employer	(10) Employer's Address (Number - Street - City - State - Zip)
Sts Discount Pet Foods Inc	
(11) Occupation	(12) Home Telephone (13) Business Telephone
Self employed merchant	
(14) Driver's License Number & State	(15) If you possess a N.J. Firearms Purchaser ID Card, list the number
(16) Have you ever been adjudged a juvenile delinquent?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(17) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(18) Have you ever been convicted of a criminal offense, that has not been expunged or sealed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(19) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(20) Have you ever had an Employee of Firearms Dealer License refused or revoked?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(21) Are you an Alcoholic?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(22) Have you ever been confined or committed to a mental institution or hospital for treatment, or observation of a mental or psychiatric condition on a temporary, interim or permanent basis? If yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(24) Are you now being treated for a drug abuse problem?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(25) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric conditions? If yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(26) Do you suffer from a physical defect or sickness?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(27) If answer to question 25 is yes, does this make it unsafe for you to handle firearms? If not, explain	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(28) Are you subject to any court order issued pursuant to Domestic Violence? If yes explain	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(29) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon? If yes, explain	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(30) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s) here	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
APPLICANT: DO NOT WRITE BELOW THIS SPACE	
To the Judge of the Superior Court of Sussex County: I have investigated and caused to be investigated the applicant, and from the results of such investigation, the applicant is:	
APPROVED	DISAPPROVED
<input checked="" type="checkbox"/>	<input type="checkbox"/>
This	Day of
13	April 2010
Department of Police	
Sussex County Police	
The foregoing application, having been presented to me, and the determination made of the sufficiency thereof, and the need of the applicant to carry a handgun, I hereby:	
Grant a permit pursuant to Section 20:5B-4 of the New Jersey Statutes.	
<input type="checkbox"/> Deny	<input checked="" type="checkbox"/> Grant
This	Day of
13	April 2010
Judge of the Superior Court	
Sussex County	
Reason for Disapproval	
<input type="checkbox"/> A. CRIMINAL RECORD	
<input type="checkbox"/> B. PUBLIC HEALTH SAFETY AND WELFARE	
<input type="checkbox"/> C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND	
<input type="checkbox"/> D. NARCOTICS/ DANGEROUS DRUG OFFENSE	
<input type="checkbox"/> E. FALSIFICATION OF APPLICATION	
<input type="checkbox"/> F. DOMESTIC VIOLENCE	
<input type="checkbox"/> G. LACK OF JUSTIFIABLE NEED	
<input checked="" type="checkbox"/> H. OTHER (SPECIFY) order 8-31-10	
GRANTED ON APPEAL	PERMIT NUMBER
<input type="checkbox"/>	6293008
Restrictions:	<input type="checkbox"/> Yes (List on Page 2) <input checked="" type="checkbox"/> No

Sussex

**Endorsement Number One** — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with Jeffrey Muller, the applicant named on page one of this application. I have known Him/Her for the past 51 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

GLEN BAKKE

Print or Type Name

Glen Bakke

Signature

1/30/2010

Date of Endorsement

No

Street Address

Randolph

NJ

07867

City/Town

State

Zip

Home Telephone Number

Business Telephone Number

**Endorsement Number Two** — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with Jeffrey Muller, the applicant named on page one of this application. I have known Him/Her for the past 9 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

CHRISTOPHER DAVE KALEN

Print or Type Name

Chris Kalen

Signature

JANUARY 30, 2010

Date of Endorsement

No

Street Address

BRANCHVILLE

NJ

07826

City/Town

State

Zip

Home Telephone Number

Business Telephone Number

**Endorsement Number Three** — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with Jeff Muller, the applicant named on page one of this application. I have known Him/Her for the past 3 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

DENNIS J. PEGG

Print or Type Name

Dennis J. Pegg

Signature

1/30/10

Date of Endorsement

City/Town

State

Zip

Home Telephone Number

Business Telephone Number

State of New Jersey

County of Sussex

SS New Jersey

Jeffrey M. Muller being duly sworn, upon oath deposes and states that he/she is the applicant named on page one of this application; that the answers to the questions given on this application are complete, true and correct in every particular.

This 1 Statement made by Jeffrey M. Muller on 1/30/10

Dennis J. Pegg

Notary Public

Signature of applicant named on page one  
The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential. I request that if any of the foregoing answers made by me are false, I am subject to punishment. Falsification of this form is a crime of the third degree as provided in NJS 2C:29-10c.

SPACE BELOW RESERVED FOR SUPERIOR COURT JUDGE GRANTING PERMIT

List Permit Restrictions Here:

